Name in Full: Frances Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Darlington; County: Harford

Date of death 1904: Month: May; Day: 7

Age: Years; Months; Days

Sex: F

Color or Race: W

Birthplace: Darlington Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Edwd M Allen

Father's Birthplace:

Mother's Maiden Name: Grace Thomas

Mother's Birthplace:

Name of person giving information: Father

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "Still-born"

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Wm Hopkins

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A86318

Name in Full: Sallie May Amos

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Creswell; County: Harford

Date of death: 1904; Month: May; Day: 27

Age: Years: 7; Months: 7; Days: 23

Sex: Female; Color or Race: White; Birthplace: Harford Co. Md.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Walter S Amos; Father's Birthplace: Harford Co Md

Mother's Maiden Name: Florence K Fer; Mother's Birthplace: Harford Co Md

Name of person giving Imformation: Robert J Gilbert; How related to deceased: Not any

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 5 weeks

Immediate: Meningitis & Exhaustion; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. F. Callahan

Address: Creswell Md

Accident or Suicide? No

LIBRARY BUREAU A69516

Name in Full: Ellen Bell.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air; County: Harford

Date of death 1904: Month: May; Day: 6

Age: Years: Over 100; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Md.

Occupation: Cooking

Where Residing if not at place of death:

~~Married, Single or Widowed~~

Name of Wife or Husband: Don't Know

Father's Name: Turner

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: " "

Name of person giving Imformation: Joseph Stacy

How related to deceased: Aunt by Marriage

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age —

How long:

Immediate: Inanition —

How long: several months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. F. Van Bibber

Address: Bel Air Md.

Accident or Suicide? No —

LIBRARY BUREAU A88516

Tabernacle

Name In Full

Certificate of Death

Joshua Clark

Died at Town: The Rocks. County: Harford Co. MARYLAND

Date 1904 Month: May Day: 29 | Age Y. 70 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife Hardith Clark

Father's Name John Clark | Mother's Maiden Name

Cause of Death: Primary Bright's Disease | How long sick 4 months

Immediate | Accident, Suicide, Homicide

Reported by C. W. Famous Md. 5/20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: S. Permelia Cornes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clayton — County: Harford

Date of death 1907: Month: May — Day: 23 — Years: Age 43 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Clayton

~~Married, Single~~ or Widowed — Name of ~~Wife or~~ Husband: James Cornes

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: William Cornes — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Trouble of Old Age — How long: 1 Year

Immediate: Weakness — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Kaye M.D.

Address: Fraklinville.

Accident or Suicide? No.

LIBRARY BUREAU A88618

Interment
Camp Chapel
Baltimore

Name in Full: Mary DeLaney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenville — County: Harford

Date of death 1904: Month: May — Day: 7 — Age: Years: 84 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Pa.

Married, Single or Widowed: Widowed — Occupation: ———

Name of Wife or Husband: J. F. DeLaney

Father's Name: Charles Frechel — Father's Birthplace: Pa

Mother's Maiden Name: Elizabeth Dalum — Mother's Birthplace: Holland

Name of person giving Information: Dr. Cole — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — Pneumonia — How long: 2 wks

Immediate: Heart Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Cole

Address: Woodbury Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Elizabeth Foley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hickory — County: Harford

Date of death 1904 — Month: May — Day: 3 — Age — Years: 12 — Months: 11 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death: Hickory

~~Married~~ ~~Widowed~~ — Name of Wife or Husband: Richard Foley

Father's Name: John Zachary — Father's Birthplace: Md

Mother's Maiden Name: Katharine Boyle — Mother's Birthplace: "

Name of person giving Information: Mary Caldwell — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of breast — How long: Several years

Immediate: Hemorrhage & Exhaustion — How long: Few months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Smithson

Address: Forest Hill Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88518

Name in Full: Clifford House

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Edgewood; County: Harford

Date of death 1904: Month: 5; Day: 8

Age: Years: ; Months: 4; Days: 21

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: William House; Father's Birthplace: Md

Mother's Maiden Name: Ida House; Mother's Birthplace: Md

Name of person giving Information: Father; How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth (7 mo) ; How long:

Immediate: Mal-Nutrition ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas E Pott

Address: Edgewood Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Clifton

Name In Full James Hawkins

Certificate of Death

Died at Town Elysian County Harford MARYLAND

Date 19 Month Jan Day 7 | Age Y. M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name Asa Hawkins | Mother's Maiden Name

Cause of Death — Primary Burn — How long sick 18 hours

Immediate Shock — Accident, Suicide, Homicide

Reported by A C Hopkins

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Nelson Herbert

Town: Forest Hill | County: Harford Co | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
May	5	20	11	13	Harford Co	General work

Date 19 24 | Age

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Elias Herbert | Mother's Maiden Name: Nellie Allen

Cause of Death

Primary: Pneumonia | How long sick: 9 days

Immediate: Pneumonia, Influenza | Accident, Suicide, Homicide

Reported by: C. C. Coughlin

Address: Forest Grove

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 5808

Name in Full: William L. Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nicholls Ville; County: Harford

Date of death 1904: Month: 5; Day: 17

Age: Years: 56; Months; Days

Sex: Male

Color or Race: African

Birthplace: Harford Co

Married, ~~Single~~ or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Harriet Holland

Father's Name: William Holland

Father's Birthplace: Harford Co.

Mother's Maiden Name: Maria Lewis

Mother's Birthplace: Harford Co.

Name of person giving In formation: Isaac Hawkins

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate: Convulsions Malaria

How long: few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mary G. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frogtown — County: Harford

Date of death: Month: May — Day: 27 — 1904

Age — Years: 15 — Months: 3 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: Frogtown

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Jones — Father's Birthplace: Md.

Mother's Maiden Name: Fannie Peterson — Mother's Birthplace: "

Name of person giving Imformation: Fannie Peterson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: a few weeks

Immediate: Exhaustion — How long: a few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Hall Robinson

Address: Bel Air

Accident or Suicide?

LIBRARY BUREAU A8931G

Stücken

Name In Full Thomas Lydell

Certificate of Death

Town Lapidum County Harford Co MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 May	1st	Age 85	"	-	Scotland	Gen'l work.

Male X Female — White X Colored — Married X Single — Widow — Widower X Divorced — Number of children living 5

Husband of Wife Portia R. Liddell

Father's Name Peter Liddell

Mother's Maiden Name Elizabeth Boyce

Cause of Death — Primary: Valvular Disease of heart ? Valves Sclerosis — How long sick 2 weeks

Immediate: Paralysis " — Accident, Suicide, Homicide

Reported by A C Ewing

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full: Griffin Taylor Millan

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Bel Air — County: Harford

Date of death: Month: May — Day: 17 — Year: 1904 — Age: Years: 57 — Months — Days

Sex: Man — Color or Race: White — Birthplace

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Belle Silver Millan

Father's Name: Ebenezer Millan — Father's Birthplace: Ky

Mother's Maiden Name: Emily B Taylor — Mother's Birthplace: Va

Name of person giving Imformation: Belle Silver Millan — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal carcinoma — How long: 3 or 4 years

Immediate: Syncope — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. F. Van Bibber, M.D.

Address: Bel Air Md.

Accident or Suicide? No

LIBRARY BUREAU A8501G

Name in Full: Kate Patterson Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halleborn — County: Harford.

Date of death 1904: Month: 5 — Day: 8

Age: Years: 31 — Months: 8 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Maryland.

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Dr. O. J. T. Morris.

Father's Name: G. Harry Dickell — Father's Birthplace: Native

Mother's Maiden Name: Virginia La Compt — Mother's Birthplace: Native

Name of person giving information: O. J. T. Morris — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Nephritis — How long: 7 years.

Immediate: Tic Cough. Asthenia — How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Purnell Hopkins

Address: Halleborn.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Vernon J. Onion

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Forest Hill — County: Harford

Date of death: 1904 — Month: May — Day: 9th — Years: Age 2 — Months: 7 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Near Forest Hill

Occupation: None — ~~Where Residing if not at place of death~~

Married, Single or Widowed: Single — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William C. Onion — Father's Birthplace: Maryland

Mother's Maiden Name: Ida J. Whitaker — Mother's Birthplace: Maryland

Name of person giving Imformation: J. Everett Whitaker — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Davis M.D.

Address: Pleasantville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mrs Rebecca Pyle

Died at Town: Street County: Harford Co MARYLAND

Date 1904 Month: May Day: 19 | Age Y.: 88 M.: 2 D.: 13 | Native of: Md | Occupation: Home wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of

Wife

Father's Name: Joseph Robinson | Mother's Maiden Name: Miss Guston

Cause of Death — Primary: Broken hip | How long sick: 3 years

Immediate: Paralysis | Accident, Suicide, Homicide

Reported by: C. W. Grimes M.D.

Address: Street Po Harford Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

John Calvin Robinson

Died at Town: Dry Branch County: Harford MARYLAND

Date 1904 Month: May Day: 28 | Age Y.: 63 M.: 2 D.: | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 5

Husband of Wife: Sarah E.

Father's Name: Wm Robinson

Mother's Maiden Name: Mary Kerwood

Cause of Death: Primary

Immediate

How long sick: 4 months

Accident, Suicide, Homicido

Reported by: J J Turner M D

Address: Black Horse Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full — Joseph Robinson

Certificate of Death

Died at — Town: Fallston — County: Harford — MARYLAND

Date 1904 — Month: May — Day: 2 — Age: Y. 85 M. — D. — Native of: Harf Co. — Occupation: Farmer

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: 3

~~Wife~~ Husband of — Laina Robinson

Father's Name — Mother's Maiden Name

Cause of Death — Primary: Apoplexy. — How long sick: 6 days.

Immediate — Accident, Suicide, Homicide

Reported by — Chas W. Ady

Address — Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Henrietta Matilda Rutledge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rutledge; County: Harford

Date of death 1904: Month: May; Day: 21

Age: Years: 61; Months: 11; Days: 15

Sex: Female

Color or Race: White

Birthplace: Harford County

Occupation: Farming

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John W. Rutledge

Father's Birthplace: Harford Co.

Mother's Maiden Name: Julia Ann Ward 43

Mother's Birthplace: Campbell Co. Va

Name of person giving information: John R. Rutledge

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast

How long: Five years

Immediate: Heart failure

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C.A. Rutledge MD

Address: Rutledge Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full

Olivia Smithson

Certificate of Death

Died at Town: Cavea County: Harford MARYLAND

Date 1904 Month: 5 Day: 30 | Age Y. 38 M. D. | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife James Smithson

Father's Name Mr Thomas Smithson Mother's Maiden Name Mary

Cause of Death: Primary Erysipelas — How long sick 6 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Jas. S. Akehurst M.D.

Address Norisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798u8

Name in Full: Mrs. Frank Stine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickory — County: Harford

Date of death 1904: Month: May — Day: 11 — Age: Years (24) 25 — Months: 6 — Days:

Sex: Female — Color or Race: white — Birthplace: Harford Co.

Married, Single or Widowed: married — Occupation: housewife

Name of Wife or Husband: Frank Stine

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno. G. Wilgis — Father's Birthplace: Harford Co.

Mother's Maiden Name: Margaret O'Donnell — Mother's Birthplace: Harford Co.

Name of person giving information: Frank Stine — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: Immediately

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Forest Hill Md

Accident or Suicide:

LIBRARY BUREAU A88516

St. Ignatius

Stuhony

Name in Full — Certificate of Death

Maufield

Town: Mutting Point — County: Stanford — MARYLAND

Died at

Date 19 04	Month: May	Day: 11	Age: Y. 9 M. D.	Native of: Md	Occupation: —

Male / ~~Female~~ — White / Colored — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name: Henry Maufield — Mother's Maiden Name: Amanda Hall

Cause of Death — Primary: Infantile Convulsions — How long sick: 3 days

Immediate: — — ~~Accident, Suicide, Homicide~~

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Reported by: Jo Kennedy

Address: attendant

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Edith Washington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Abingdon / County: Harford

Date of death 1904 — Month: May 17 — Day: 17 — Age: 50 — Months — Days

Sex: Female — Color or Race — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Abingdon

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Wm Washington

Father's Name: Richard Henson — Father's Birthplace: Md.

Mother's Maiden Name: Hester " — Mother's Birthplace: Md.

Name of person giving information: Hester Bond — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart & Liver Disease — How long

Immediate: Heart-failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. H. Gossett M.D.

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Mollie White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville — County: Harford

Date of death 1904: Month: 5 — Day: 9 — Age: Years: 23 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Harford Co

Married, Single or Widowed: Single — Occupation: Servant

Name of Wife or Husband:

Father's Name: Moses Wilson — Father's Birthplace: Md

Mother's Maiden Name: Cordelia White — Mother's Birthplace: Md

Name of person giving In formation: Elijah White — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long:

Immediate: " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Hannah Jane Walkinson

Town: Searboro County: Harford Co MARYLAND

Died at

Date 1904 — Month: May — Day: 3 — Age: Y. 60 M. D. — Native of: Md — Occupation: Home wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of / Wife: Edward Walkinson

Father's Name: Lewis T Dyl — Mother's Maiden Name: ——

Cause of Death — Primary: Brights Disease — How long sick: 10 months

Immediate — Accident, Suicide, Homicide

Reported by: C W Harrow M.D.

Address: Street P.O. Harford Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898